

# CITIZENS FOR THE TREATMENT OF HIGH BLOOD PRESSURE, INC.

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Dear Mary:

I had a very interesting session yesterday with Pat Bachman, Director of Nursing Services for the American Red Cross, and her assistant.

They really want to step up their program in the field of high blood pressure, because they have the resources to do it. In addition to 3,000 local chapters, they have 61 division chapters and 57 blood centers. There is at least one doctor in each of the blood centers.

Last year they did a remarkable job of screening seven million people for high blood pressure. In checking all potential donors, the Red Cross rules out all who have high blood pressure. Those who are rejected are sent on to the Nursing Service in the area for a second check of their blood pressure. If the first reading is confirmed, the Nursing Service has the responsibility of referring the patient for medical treatment. The important part of the system -- from our point of view -- is the opportunity for follow-up by the Nursing Service. They have a register of all who have been checked for blood pressure, and a second register which lists all referrals. This is not to say that the system is perfect, or even very effective; Pat admitted that there were many areas in the country in which the ARC follow-up was pretty weak.

Then we came down to the eternal problem -- money. According to Mrs. Bachman, the American Red Cross at the present time is operating at a deficit figure of \$8 million due to the number of disasters which have occurred in this country during the last couple of years. We then explored this a little further, and I suggested the following: the American Red Cross write up a Demonstration Project for submission to the Heart Institute. The point of the demonstration would be to prove that a national organization could do effective screening and follow-up for several million people. The most

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important part of the project would be the follow-up. All of the statistics I have reviewed to date highlight the fact that we have an enormous drop-out rate after initial screening. Mrs. Bachman suggested that the project select 15 Red Cross divisions covering several million people. They have tremendous resources at their disposal for this purpose. In addition to the paid medical staff, there are 130,000 nurses who are listed in their volunteer registry in addition to several hundred thousand community volunteers listed with each of the chapters. It is quite conceivable that this large resource could be used to really operate intensive follow-up, going beyond reminder cards and 'phone calls to actual visitations to patients who have neglected to show up for the next scheduled appointment.

The key person in the project would be a full-time nursing coordinator in each of the 15 divisions. She pointed out that this was essential because the nursing coordinators now have full responsibility for the blood donation program and a number of other projects. She thought that the project would probably cost about \$1 million, most of it in hiring the skilled personnel necessary in running it. I don't know how Bob Levy will feel about this -- he is rather depressed these days because of the very tight budget which he will probably get for Fiscal 1979. I raise these questions because Doctor Frederickson and the budget people in NIH are always raising questions about the size of the high blood pressure educational program. For example, I have talked to Doctor Levy several times during the past few days about his problem in getting the Kappa contract renewed. The renewal has already been questioned by the Office of Public Affairs in HEW and has now been bucked on to the Budget Officer, Charley Miller. Levy will see Miller on Thursday, and if Miller interposes any difficulties, Ted Cooper and I will have to go to work on Charley, who is not a bad fellow but very strict about a federal dollar.

If Doctor Levy doesn't have the money, then I don't know where we can turn. I really had the impression that Red Cross had a rather comfortable budget, but this is not so.

Maggie has done all the stalling he can, and tomorrow (August 9) the full Committee will mark up the Labor/HEW bill. I don't think there will be any significant increases -- in fact, there may be several cuts in the health and education areas. Why? So that Maggie can defeat the two percent cut which has been applied to all the appropriations bills but one which have come before the House and/or Senate in the past several weeks. A two percent cut amounts to about \$200 million in controllable health programs. That would be murder.

Will let you know what happens tomorrow after it happens.

Cordially,

A handwritten signature in dark ink, appearing to be "Mike" with a stylized flourish at the end.